ImmuNet
Maryland's Immunization Registry

Password Request Form

Office Name: _____ Date: _____ VFC Pin # (if a VFC Provider): _____

Any individual requesting a user name and password must provide the following information.

- **Please check the type of access that you will require.**
- **Please place a check mark by those person(s) who need the ability to manage the vaccine inventory.**
- **Please print.**

First Name	Last Name	Position/Title	Full Access (check if yes)	View Only (check if yes)	Manage Vaccine Inventory (check if yes)

Please FAX this form to: The Center for Immunization (410) 333-5893